PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003										10/536995			
CLAIMS AS FILED - PART I (Column 1) (Calumn 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TO	TAL CLAIMS	22						RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			33 minus 20=		· /3			X\$ 9=	0	OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =		. 0		f	X43=	9	OR.	X86=		
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				j	. 1451			1000		
			Summing of the same same and the same				١	TOTAL	0	100			
• 11	• If the difference in column 1 is less than zero, enter "0" in column 2								\$775.0) OH	TOTAL OTHER	THOM	
9-14-05 AS A (Column 1)			MENDED - PART (Colum		nn 2)	(Column 3)	r	SMAL	L ENTITY	OR	SMALL	ENTITY	
\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	22	CLAIMS REMAINING AFTER		HIGHI NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE_		RATE	ADDI- TIONAL FEE	
12	23	* 33	Millus	. 3	3	_ 0	•	25 XS \ -	0	oa	50 XS N 8=		
		+ /	nin nee	/		_ 0		X48i=	U	OFI	2 <i>0</i> 0 ∧ô≎=		
A	FIRST PRESE	NTATION OF M	JLTIPLE DE	ENDENT	CLAIM			180	1	OR.	+530= 370	•	
								751/	0	100	151/2		
									EL	100	ADDIT, FEE I		
	(Column 1)		(Colun				i r		ADDI-	1.		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO	BER - JUSLY	PRESENT EXTRA		ŔATE	TIONAL		RATE	TIONAL FEE	
	Total		Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X66=		
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
							Ļ	=CP1+			TOTAL		
	•						. A	DDIT. FE		OR	ACDIT, FEE		
·			(Colum		(Column 3)	٠.,-	<u>.</u>			· · · · · · · · · · · · · · · · · · ·	ABBI		
AMENOMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER :	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
	Tend	•	tzinus	34		=		X\$ 8=		OR	X\$18=		
	Indep ndent	•	Minus	***		=	1	X43=		OR	×86=:		
₹.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+	+145=	 		.200-		
	a contra edition 1									OR	+290= TOTAL		
	 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" In THIS SPACE is less than 3, enter "3". 								E	OR	ADDIT. FEE		
•••		arter Previously Pr	er Sort (u. TH)	S SPACE :	i tesa ina	n 3, enter 13 1 Fuebest number		egan Der	.p. aataa	1 - 18-			

Application or Docket Number